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SUBJECT: PEPFAR / MCC COLLABORATION YIELDS RESULTS IN LESOTHO

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Summary

¶11. Excellent collaboration between Embassy Maseru's PEPFAR and MCC teams is resulting in efficient linking of USG-funded activities and leveraging resources for greater impact in pursuit of common health goals. High level support for interagency collaboration; common objectives; Lesotho government-led development of the MCC Compact and PEPFAR Partnership Framework; and on-the-ground coordination between USG personnel have contributed to this success. Post values the outstanding cooperation and strong interpersonal relationships formed between the members of the PEPFAR and MCC teams in what has became an outstanding example of effective interagency collaboration.

Background

¶12. In 2003, the PEPFAR program began working in Lesotho from a regional base in Pretoria. The focus of the program was to assist the Government of Lesotho (GOL) in addressing the HIV/AIDS crisis through supporting prevention of mother-to-child transmission, counseling and testing, TB/HIV, and prevention programs, while also strengthening the human resource and health systems capacity of the Ministry of Health and Social Welfare (MOHSW). Over the past three years, the PEPFAR program has transitioned to management by a country-based team that includes representatives from the Department of State, USAID, CDC, DOD, and Peace Corps.

¶13. In 2005, the GOL started negotiations with MCC to develop a Compact to reduce poverty through sustainable economic growth targeting water and private sector reform. In 2006, GOL requested assistance to broaden the proposed MCC Compact to include a health component, recognizing the significant link between poverty and HIV/AIDS. The proposal, developed by the MOHSW, in consultation with other GOL bodies, NGOs, and development partners, briefly analyzed gaps in the essential health services program, including HIV/AIDS, and targeted health infrastructure improvements for MCC funding. Priorities were for enlarging and refurbishing health centers nation-wide, including staff housing, strengthening up to 14 anti-retroviral treatment (ART) centers at district and sub-district hospitals, construction of a new National Reference Laboratory, a new Blood Bank Center and a new dormitory facility at the National

Health Training Center. A significant health systems strengthening component, addressing human resources, health information and support for decentralization, was later added to this proposal. The proposal included activities in infection control, improving service quality, laboratory strengthening, ART program strengthening, health information systems development, support of de-centralization of health services, medical waste management and human resources and capacity building to maximize health service delivery.

Early Collaboration and Support to the Lesotho Government

¶4. Collaboration between MCC and PEPFAR was established early during compact development in 2006 to facilitate development of the health component of the compact. The PEPFAR Coordinator was instrumental in providing information regarding USG and other donor activities; frank assessment of the MCA request and perceived strengths and weaknesses of the MOHSW; information regarding the structure of the donor community; assistance in identifying and accessing important informants; and identifying important areas for MCC assessment. In addition, the PEPFAR Coordinator hosted meetings with relevant NGOs and PEPFAR contractors to facilitate discussion and fact-finding by the MCC team. This collaboration between the PEPFAR and MCC teams was fully supported and encouraged by Mission management.

¶5. During the ensuing 6 months - through December 2006 - the PEPFAR Coordinator, her staff and PEPFAR contractors assisted the MOHSW and the Millennium Challenge Account-Lesotho (MCA-L), the national body responsible for proposal preparation, in developing further information as needed for strengthening the MCA-L health proposal. This included preparation of a human resources/capacity building component to complement the original infrastructure component, supported by a PEPFAR-funded

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IntraHealth consultant working in the MOHSW's Human Resources Department, and assistance from the CDC in Pretoria to conduct due diligence on the MOHSW's proposals for a new National Reference Laboratory and a new Blood Collection and Processing Center.

Common Objectives/Comprehensive Health Response

¶6. The goal of the MCC Compact was to reduce the excessive mortality rates due to high prevalence of HIV/AIDS and tuberculosis. Economic rate of return analyses undertaken by the MCA-L and by MCC confirmed the importance of this goal not only to improve lives and health, but also for economic growth. The objectives for the MCA-L health proposal were to improve health infrastructure needed to strengthen health services delivery and to improve working conditions for health staff , thereby improving job satisfaction and reducing the loss of qualified health care workers to other countries. PEPFAR indicators were reviewed, and those that focused on measuring reduction in HIV/AIDS were included in the MCC Compact monitoring and evaluation plan for the health project. These are now a main element of the MCA-L evaluation framework.

Compact Proposal Assessment

¶7. Given the wide range of technical areas covered by the proposal, and the extraordinary level of expertise represented by PEPFAR implementing agencies CDC and USAID and their respective contractors in the region, the MCC health team requested support. CDC experts based in Pretoria provided technical support for reviewing the proposed national laboratory plans. PEPFAR-funded NGO Safe Blood for Africa, mobilized consultants to review the proposal and plans for blood banking facilities, and also provided consultant expertise on physical

means of infection control to the MCC infrastructure due diligence team. In addition, the PEPFAR Coordinator continued to play a role in donor and NGO coordination, calling meetings and providing fora for consultation and discussion.

Continued MCC PEPFAR Collaboration

¶8. Since MCC Compact signing in 2007, the PEPFAR team in Lesotho has grown to include resident staff from US Department of State, USAID, CDC, DOD, and Peace Corps. PEPFAR support through these agencies has also grown significantly, most recently with the signing of PEPFAR's Partnership Framework between Government of Lesotho and the USG. The Partnership Framework (PF) includes significant investments in health systems strengthening, which complement the MCC Compact health infrastructure initiatives and health systems strengthening activities. In developing the PF, PEPFAR set ambitious goals and objectives, which took into account MCA-L's infrastructure and other health plans. For example, PEPFAR intends to work closely with the MOHSW and Ministry of Public Service to develop a retention policy and strategy; MCA-L's support to develop a education strategy, and its construction or refurbishment of staff housing at health clinics, provide key pieces of that strategy.

¶9. Collaboration continues to grow between PEPFAR and MCC in both MCC Compact and PF implementation. PEPFAR and MCC hold monthly strategic meetings to ensure collaboration and maximal leverage of resources. PEPFAR has recently funded an additional health infrastructure staff position within the MCA through a PEPFAR partner. CDC has provided support to ensure infection control training and consultation on MCC Compact infrastructure activities. MCC and PEPFAR collaborate to support the MOHSW in decentralization, human resources for health, and health informatics initiatives. Likewise MCC and PEPFAR are collaborating in assisting MOHSW to develop and operationalizing a national infection control policy to prevent spread of TB, including multi-drug resistant (MDR) and extreme drug resistant (XDR) TB in health facilities.

Lessons Learned

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¶10. Early collaboration between PEPFAR implementing agencies, MCC, and the MOHSW led to fruitful and efficient design and assessment of the MCC Compact's Health Project. US Government-led donor coordination in the health sector provided the background against which a gap analysis could be undertaken and specific components targeted for MCC funding. It also provided an effective framework for early agreement on project goals and objectives, allowing MCC and MCA-L economic analysis at an early stage to confirm the appropriateness of the proposed activities in meeting the MCC economic growth mandate. Today, ongoing work by MCA-L, and the newly signed Partnership Framework, provide additional areas of collaboration to address significant health challenges in Lesotho. The combined coordination and expansion of USG efforts in health is providing an opportunity to assist the Government of Lesotho in overhauling the health system to meet the nation's needs.
NOLAN